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ABSTRACT

Presented is a handbook on the Merrill Area (Wisconsin) Public Schools program for providing work experience for mentally handicapped and other special education students in high school. Brief sections cover information on the following program areas: objectives (such as to assist the student in making a job choice), cooperation with and services provided by the Division of Vocational Rehabilitation (DVR), course of study, enrollment of student in DVR, pupil qualification, the teacher-counselor role, supervision of work experience, work permits, grading policies, compensation, criteria for selecting community employers (such as facilities which offer a proper learning opportunity), transportation, psychological services, sheltered workshops (an evaluation of vocational skills and a program for work adjustment), and followup services. Appended are forms for a student survey, student evaluation by employer, work expreience report, work permit, application for subminimum wage license, and application for vocational rehabilitation. (SB)

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Handbook

For

Work Experience Progam

Merrill Area Public Schools
Merrill, Wisconsin

EC 000767

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INTRODUCTION

Work experience education is a method of providing assistance to pupils in solving the problems of selecting and preparing for a career. The field of work is a greater problem for Special Education students than for the average student in the school system. In addition to the learning disabilities encountered with the Special Education student, the school must also be concerned with the social and adaptive behavior of the pupil.

With a few exceptions, senior high school is the terminal education for these students. Therefore the Special Education curriculum is occupationally oriented. The "academic" part of the curriculum is functional and geared to everyday living. The purpose of the work experience program is to prepare the student for life. After graduation from high school the pupil should be prepared to actually pursue a job. The senior high school curriculum has been developed to provide the student with the skills necessary for working and living in today's society.

Work experience is a definite part of the course of study. There is coordination of the work experiences with the classroom activities as well as close supervision of the students on the job.

Therefore, it might be stated that work experience education is supervised work in a real job situation with an occupationally oriented classroom setting.

OBJECTIVES

The major objectives of the work experience program are to assist the student in making a job choice, to prepare the student for employment, to develop an understanding of the meaning of work and to make the transfer into the world of work. The program attempts to provide the maximum amount of training and experience to Special Education students, so that their potentials for job adjustment can be enhanced and they can be given greater assurance of job adjustment. The general aim is to prepare the student for economic self-sufficiency.

Other objectives of the program include the following:

1. To develop the proper rapport with fellow workers
2. To learn the proper relationship with the employer
3. To develop proper work habits
4. To develop personality and poise
5. To learn to assume responsibility
6. To gain knowledge necessary for a permanent job
7. To develop a proper attitude toward work
8. To learn how to handle money
9. To develop proper safety habits
10. To learn to work to the best of ability
11. To learn to accept criticism
12. To understand the basic requirements for jobs within their capability.

AGREEMENT WITH DIVISION OF VOCATIONAL REHABILITATION

The Merrill Area Public Schools in coordination with the Bureau for Handicapped Children of the Wisconsin Department of Public Instruction has entered into a formal joint agreement with the Division of Vocational Rehabilitation of the Wisconsin Department of Health and Social Services for certain rehabilitation services for Special Education students. These services are not ordinarily usual and regularly available services of the Merrill School System. The total cost of these rehabilitation services are paid by State and Federal funds through D.V.R..

To provide a smooth transition for the student from the school to employment, DVR will provide, to the extent possible, the following services:

1. Purchase for the clients of this program, work experience and work adjustment training from community agencies qualified to provide such training. This work adjustment training may be obtained in a sheltered workshop, in a vocational school-job preparation program, or in an on-the-job training program.
2. Provide whatever additional case services are required by the clients eligible for the program. This may include one or more of the following services:
   A. Medical examination
   B. Psychological services
   C. Counseling and guidance services

D. Medical and physical restoration services

E. Training, including courses in work experience and work adjustment

F. Placement services

G. Follow-up services after completion of the students schooling.

MERRILL SENIOR HIGH SCHOOL

COURSE OF STUDY

1st Year:

History (American)	Social Problems
English	Mathematics
Drivers Education	Physical Education
Industrial Arts (Boys)	Home Economics (Girls)

2nd Year:

Civics	Occupations
English	Mathematics
Physical Education	Industrial Arts (Boys)
Home Economics (Girls)	Work Experience

3rd Year:

Biology & Health	Social Problems
English	Mathematics
Physical Education	Industrial Arts (Boys)
Home Economics (Girls)	Work Experience

According to the capabilities and interests of the student, they may be programmed into regular high school courses. These include courses such as woodworking, metalworking, agriculture, art, typing, music, etc..

Part-time work experience is provided for pupils during the

second semester of the Junior year and both semesters of the Senior year. Part-time experience may range from one to four hours per school day, depending on the type of employment and the capability of the student.

During the second semester of the Senior year, some students may be programmed for full-time work experience. Criteria for eligibility for full-time employment would include the following:

1. Availability of job positions
2. Work attitude of the student
3. Reasonably high assurance of employment success.

The course work in Social Problems, Occupations, and Mathematics are occupationally oriented. The classroom work and on-the-job experiences are functionally integrated so that a total educational experience can be anticipated.

ENROLLMENT OF STUDENT IN D.V.R.

Each student is given the opportunity of becoming a client of the Division of Vocational Rehabilitation. Parental consent is obtained (Appendix - Form 1A) and the pupil completes an application for D.V.R. services. (Appendix - Form DVR-1) All prospective students for the program are jointly screened by the Teacher-Counselor and the Rehabilitation-Counselor.

Each pupil must receive a physical examination by the doctor of his choice. The cost of the examination is paid by the Division of Vocational Rehabilitation. If some physical or medical

abnormality is found, the client may be eligible for restoration services. If no major abnormalities are found, the student may then be eligible for work experience employment.

PUPIL QUALIFICATIONS

In order to qualify for participation in the work experience education program, a student shall meet the following qualifications:

1. Be enrolled in the Senior High School Special Education classes.
2. Have attained second semester junior standing in high school.
3. Be a full-time pupil.
4. Have parent approval.
5. Have Teacher-Counselor approval.
6. Be a client of Division of Vocational Rehabilitation.

TEACHER - COUNSELOR

The Teacher-Counselor in the Merrill Area Public Schools is the Senior High School Special Education teacher. The teacher is scheduled for one or two periods per school day to plan, to supervise, and to follow-up on the work experience program. The number of hours scheduled for counseling depends on the number of pupils in the work experience program.

The teacher is responsible for the following activities:

1. Classroom instruction

2. Parent conferences
3. D.V.R. Counselor-Teacher Counselor conferences
4. Employer interviews
5. Employee placement
6. Student counseling
7. Community public relations
8. Work experience record keeping
9. Arrangement for transportation of students to place of employment
10. Follow-up of student employment.

SUPERVISION OF WORK EXPERIENCE

Both on and off campus work experience is given to Special Education students. On campus experience may include jobs such as kitchen helper, janitor helper, etc.. Off campus placements are made in local public and business establishments. These jobs may include restaurant helper, factory worker, farm laborer, green house worker, etc.. An attempt is made to provide various placement opportunities for each pupil.

Students in off campus employment are under the management of their employer, but remain under the supervision of the Teacher-Counselor.

Periodic conferences with the employer are a part of the program. Each employer is contacted at least once per month. No definite schedule of employer visits is maintained since there are occa-

sional problems that may require immediate attention. Spot-checks of the pupils are made at more frequent intervals than the employer conferences. The Rehabilitation Counselor may also visit the employer occasionally.

At the end of each month the employer is requested to submit an evaluation form (Appendix - Form 1F) and a time report (Appendix - Form 1C) to the Teacher - Counselor. The information on these reports is shared with the Division of Vocational Rehabilitation.

WORK PERMITS

Those Special Education Students who are not eighteen years of age are required to secure a work permit before any type of placement is made. Permit to work forms (Appendix Form ID) are used to simplify application and record keeping.

GRADING POLICIES

Students in the work experience program receive letter grades based on their capability and achievement.

Students in this program are not considered for placement in class standing at graduation on the basis of class grades.

A two hour block of work experience each school day is considered equivalent to a one credit class toward high school graduation. Special education pupils completing the requirements for graduation receive a high school diploma.

COMPENSATION

The Division of Vocational Rehabilitation may purchase work experience and work adjustment training from community agencies qualified to provide such training. The pupil is paid by the employer and the employer may be reimbursed by D.V.R..

The amount of pay is very flexible, so that the Teacher-Counselor may set the rate depending on training of the student. When less than a minimum hourly wage is paid, an application for waiver (Appendix Form CL-37) of the minimum wage is filed. These forms are filed through the Division of Vocational Rehabilitation office. However, some employers choose to pay at least the minimum wage rate. D.V.R. generally limits its payment to one dollar ($1.00) per hour for a maximum of two hours per day.

Although, D.V.R. will buy these work training services from community agencies, most employers choose not to be reimbursed. The Teacher-Counselor has to know the employer and his desires. Merrill area agencies are encouraged to pay the wages without reimbursement. There generally is a more realistic work experience when the employer stands the cost. The "cheap labor" and "something for nothing" concepts under this arrangement are eliminated. Wages paid to the pupils also provide for realistic classroom lessons on money management. Compensation is also a motivator of high significance.

SELECTION OF COMMUNITY EMPLOYERS

The Teacher-Counselor is responsible for selecting and approving work experience stations. The following criteria are observed in selecting the station for the individual student:

1. That the station offer continuous employment for the duration the student is enrolled.
2. That the employer understands the educational objectives of the program.
3. That the employer has the facilities to offer a proper learning opportunity.
4. That the employer will complete the records on the student.
5. That the employer will provide adequate supervision for maximum benefit.
6. That working conditions will not endanger the health, safety, or morals of the pupil.
7. That the employer understand the legal requirements to be met for employment.

TRANSPORTATION

Occasionally work placement is with an employer that requires transportation of the student. Sometimes arrangements are made with the parents to provide the needed transportation. If the parents are unable to provide this service, the Merrill School System provides a small bus for a limited number of trips.

Transportation problems encountered is a consideration in selecting a work experience station.

PSYCHOLOGICAL SERVICES

If the Teacher-Counselor and the Rehabilitation-Counselor feel that the student has a psychological problem that will interfere with his chances of being gainfully employed referral for psychological and psychiatric service is made. Generally private practitioners in Wausau and Marshfield have provided these services.

If the counselors feel that a Special Education student would benefit from a complete clinical and vocational evaluation, he may be referred to the Developmental Evaluation Center at Central Wisconsin Colony and Training School at Madison. This two to nine week evaluation includes a complete physical, social, psychological and vocational analysis.

he D.E.C. reports their findings and recommendations to the counselors. The findings are also discussed with the parents at the end of the evaluation.

Before any referral or evaluation is made, the parents of the student are consulted and their understanding and consent is obtained. Other than transportation, there is no cost to the parents. The cost of all psychological and psychiatric evaluations is paid by the D.V.R..

SHELTERED WORKSHOP

If the Teacher-Counselor and the Rehabilitation Counselor feel

that the student would benefit from a thorough job analysis evaluation, he may be referred to the Sheltered Workshop in Wausau.

The Sheltered Workshop provides a three-week evaluation which includes vocational skill tests, job sample tests, and achievement tests. If after these initial tests, the student is found to be capable of competitive employment, an attempt is made for employment in the community.

If the pupil is not capable of competitive employment, he is eligible for the work adjustment program at the Workshop. Work adjustment may continue from a few weeks to a year. If after the work adjustment program, the pupil is not placeable in competitive employment, placement is made in the extended employment program of the Workshop. Employment may continue here indefinitely.

Other than transportation, there is no cost to the parent.

FOLLOW-UP SERVICES

After graduation from high school, the Special Education student will continue to be a client of the Division of Vocational Rehabilitation.

Occupational follow-up services, as well as the other services, will continue to be provided as long as necessary.

APPENDIX

MERRILL SENIOR HIGH SCHOOL
STUDENT SURVEY

Name of son or daughter_____

Type of work your son or daughter seems to be interested in._____

Does your son or daughter plan to finish high school? _____

If not, what does he plan to do? _____

Do you live in Merrill? _____ If not, how many miles from Merrill? _____

Does your son or daughter ride the bus? _____

Does he or she have work planned for next summer?_____

If yes, what kind?_____

Does he or shee have a part-time job at the present time? _____

If yes, what kind? _____

Does the Merrill School System have your permission to place your son or daughter on a job part-time during the school year? _____

During the summer? _____

Does the Merrill School System have your permission to give your son or daughter a physical and dental examination? _____

Does the Merrill School System have your permission to refer your son or daughter as a client of the Division of Vocational Rehabilitation? _____

Does your son or daughter have a driver's license? _____

Parent's Signature _____

Form 1-A

MERRILL SENIOR HIGH SCHOOL WORK EXPERIENCE PROGRAM

Employee _____ Date _____

Employer _____ Address _____ Phone _____

	Always	Usually	Sometimes	Seldom	Never
Does he follow directions?					
Does he accept constructive criticism?					
Does he get along with his employer?					
Does he get along with co-workers?					
Does he see things to be done?					
Does he like his work?					
Is he a steady worker?					
Can he work by himself?					
Does he take care of equipment?					
Is his work neat?					
Does he observe rules?					
Is he a clock watcher?					
Is he courteous?					
Is the quality of his work satisfactory?					
Is he honest?					
Is he punctual?					
Does he dress properly?					

In your opinion, does this employee have the potential to succeed in work? Yes___ No___

Comments:

Form 1B

MERRILL SENIOR HIGH SCHOOL

WORK EXPERIENCE REPORT

Employee_____ Address_____

Employer_____ Address_____

Month_____ Year_____ Date_____

Sun		Mon		Tues		Wed		Thurs		Fri		Sat		Hours Weekly
Date	Hrs	Date	Hrs	Date	Hrs	Date	Hrs	Date	Hrs	Date	Hrs	Date	Hrs	

Total Hours for Month _____

Comments:

X indicates employee did not work that day.

Form 1C

PERMIT TO WORK

STATEMENT OF EMPLOYER Date_____

PLEASE PRINT:

This is to certify that I intend to employ_____(name of student)

for the following type of work_____.

Between the hours of _____ AM to _____ AM and _____PM to _____PM

Monday - Tuesday - Wednesday - Thursday - Friday (Circle days minor will work)

Saturday hours: _____AM _____AM and _____PM _____PM

Sunday hours: _____AM _____AM and _____PM _____PM

Total hours of work per week _____

_____
Name of person or firm

_____
Address

_____
Signed By:

- -

Statement of Parent For Work Permit

My (son - daughter) _____

has my permission to work for the above named employer.

Date _____ Signature of Parent:_____

Address of Parent:_____

Proof of Age

25¢ Fee

Student Social Security Number _____

Form 1D

CL-37

INDUSTRIAL COMMISSION OF WISCONSIN

APPLICATION FOR SUBMINIMUM WAGE LICENSE
(Section 104.07 Wisconsin Statutes)

Name of employer_____ Date of application _____

Address _____

Nature of business _____

Address where employee will be working _____

Name of employee_____Sex _____ Age _____

Address of employee _____

How long employed by this employer_____How long on present job _____

Has special certificate been issued by the U. S. Dept. of Labor? _____

Occupation in which employee is to be employed. (Describe in detail.)

Explain why employee is unable to earn minimum wage rate.

Wage employer will guarantee worker $_____ per _____

Signature of employer _____

Signature of employee _____

If the employee is physically handicapped this application must be accompanied by a statement from a licensed physician indicating the extent to which the disability affects the applicant's ability to perform the work described above.

- - - - - -

If this application is filed on behalf of an approved training program or a duly authorized representative of the Public Welfare Department, the Physician's Statement is not necessary but signature below is required.

Signature of authorizing official _____

Title _____

Address _____

WISCONSIN DEPARTMENT OF HEALTH AND SOCIAL SERVICES

DIVISION OF VOCATIONAL REHABILITATION

APPLICATION FOR VOCATIONAL REHABILITATION

INSTRUCTIONS: PLEASE PRINT OR TYPE. Fill in both sides of this form as completely as possible. Your Rehabilitation Counselor will need this information during (st visit and, if necessary, he will help you complete the form. The information you give on this application form will be held confidential.

NOTICE TO APPLICANT: Services, financial aid, and other benefits of the Wisconsin Department of Health and Social Services are provided on a non-discriminatory basis, as required by the Civil Rights Act of 1964. Individuals applying for or receiving assistance through this agency who believe that discrimination on the ground of race, color, or national origin is being practiced by the Wisconsin Department of Health and Social Services may file a written complaint with the State agency, the Federal agency, or both. Any written complaint is to be signed by the complainant, shall give in detail the time, place, pertinent facts and circumstances of the alleged discrimination and shall be submitted to the Wisconsin Department of Health and Social Services, 830 State Office Building, 1 West Wilson Street, Madison, Wisconsin 53702.

1. NAME: Last First Middle

2. ADDRESS: Street or RFD No. City County
Zip Code

3. TELEPHONE NUMBER:

4. SOCIAL SECURITY NUMBER:

5. If your present address is not your home address please indicate:
Street or RFD No. City County
Zip Code

6. Give directions to your home (name or number of highways—directions north, south, east, or west):

7. DATE OF BIRTH: Month Day Year

8. SEX: ☐ Male ☐ Female

9. MARITAL STATUS: ☐ Single ☐ Married ☐ Divorced ☐ Separated ☐ Widowed

10. VETERAN: ☐ Yes ☐ No

11. SELECTIVE SERVICE REJECTED: ☐ Yes ☐ No

12. HOW LONG HAVE YOU LIVED IN WISCONSIN?

13. EDUCATION, YEARS COMPLETED: Circle One
1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 or more

14. FOR WHAT OCCUPATION ARE YOU TRAINED?

15. NAME AND LOCATION OF LAST SCHOOL ATTENDED: Date Last Attended:

16. NUMBER OF DEPENDENTS:

17. LIST MEMBERS OF YOUR HOUSEHOLD:

	Name	Age	Relationship	Occupation	Firm or Company
1.					
2.					
3.					
4.					
5.					
6.					
7.					
8.					

18. HAVE YOU HAD PREVIOUS CONTACT WITH A VOCATIONAL REHABILITATION AGENCY? ☐ No ☐ Yes If So When:

19. BRIEFLY EXPLAIN YOUR PRESENT DISABILITY(S) AND HOW YOUR DAILY ACTIVITY IS AFFECTED:

20. HAVE YOU BEEN HOSPITALIZED BECAUSE OF THIS DISABILITY(S) ☐ No ☐ Yes If Yes Where and When:

21. LIST DOCTORS WHO ARE FAMILIAR WITH YOUR DISABILITY(S): 1. 2.

22. EMPLOYMENT HISTORY: List all jobs held, whether full or part-time. START WITH YOUR LAST OR PRESENT JOB:

Employer | Address: Street | City | State

Reason for Leaving

Job Description | From | To | Gross Weekly Wages

Employer | Address: Street | City | State

Reason for Leaving

Job Description | From | To | Gross Weekly Wages

Employer | Address: Street | City | State

Reason for Leaving

Job Description | From | To | Gross Weekly Wages

23. Have You Applied for Social Security? ☐ No ☐ Yes

Social Security Status: ☐ Denied ☐ Pending ☐ Allowed

If Allowed, AMOUNT PER MONTH $

24. Have You Applied for Welfare Aid? ☐ No ☐ Yes

DO YOU NOW RECEIVE WELFARE AID? GIVE THE AGENCY NAME: ☐ No ☐ Yes AMOUNT PER MONTH $

25. Have You Applied for Veteran's benefits? ☐ No ☐ Yes

DO YOU NOW RECEIVE VETERAN'S BENEFITS? GIVE YOUR CLAIM NUMBER IF YOU HAVE ONE: ☐ No ☐ Yes AMOUNT PER MONTH $

26. DO YOU NOW RECEIVE WORKMEN'S COMPENSATION? ☐ No ☐ Yes AMOUNT PER MONTH $

NAME THE INSURANCE COMPANY COVERING YOUR DISABILITY:

27. DO YOU HAVE HOSPITAL-PHYSICIAN'S INSURANCE? ☐ No ☐ Yes

NAME OF YOUR INSURANCE CO.:

28. NAME A PERSON WHO WILL ALWAYS KNOW YOUR ADDRESS IF YOU MOVE:

Name _____ Relationship (Brother/ Sister, Friend): _____

Address _____

29. ARE YOU ABLE TO COME TO THE OFFICE FOR AN INTERVIEW? ☐ No ☐ Yes

30. DO YOU HAVE A DRIVER'S LICENSE? ☐ No ☐ Yes

31. HAS ANYONE HELPED YOU COMPLETE THIS FORM ☐ No ☐ Yes

If Yes, Who?

32. APPLICANT'S SIGNATURE: _____

Date: _____

APPLICANT — DO NOT WRITE BELOW THIS LINE

REFERRAL SOURCE:

REMARKS: